

Clinical Spots of the pharynx

By : Round 6 Team

Case 1 :

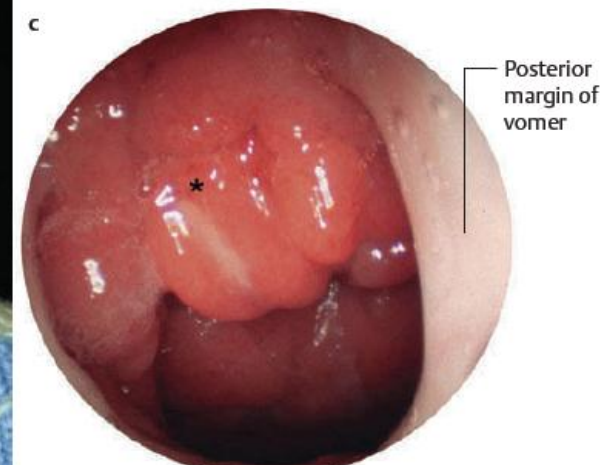
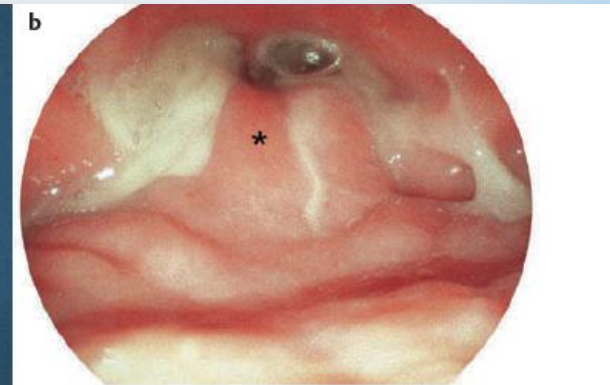
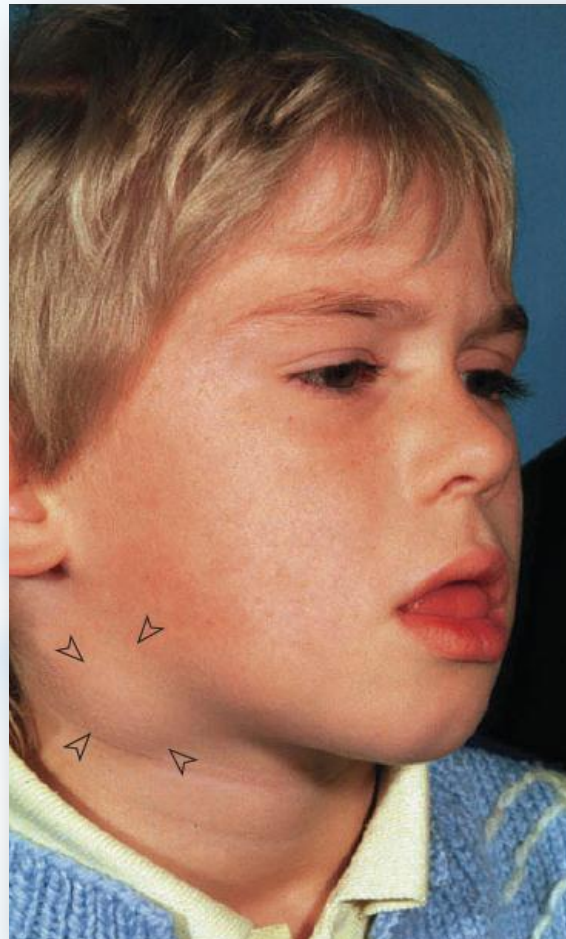
This child 'mother come to the clinic complaining that her child has nasal obstruction With ant. & post. nasal discharge ,snoring ,difficulty in eating with change in his nasal tone of voice and open mouth with dry lips “adenoid facies”

1-What is your diagnosis ?

2-what investigations can be done ?

3-what are the complications ?

4-how to treat ?



1- Adenoids

2-anterior nasal endoscopy or lateral X-ray of the nasopharynx

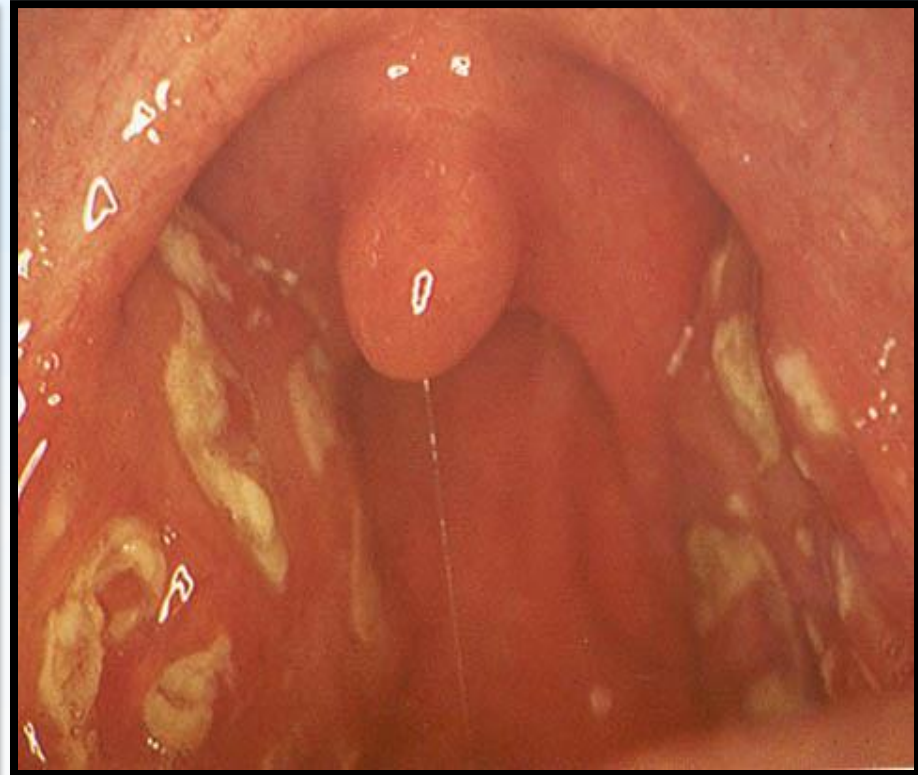
3-

***ear effusion and otitis media**

***recurrent respiratory infections**

***disturbed learning ,easy fatigue and general poor health**

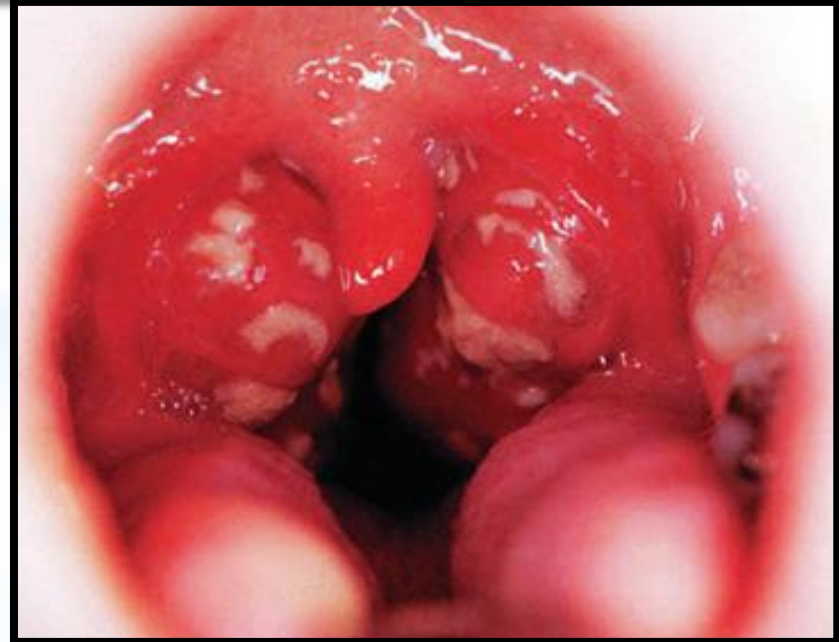
4-Adenoidectomy



Case 2 :

This patient was to the clinic complaining of high fever ,malaise ,throat pain ,otalgia And dysphagia

****The examination shows the tonsils appear Congested and studded with yellow spots**



1-What is your diagnosis ?

Acute follicular tonsillitis

2-causative organisms ?

Mainly by GABHS or by pneumococci ,H.influenzae & staphylococci

3-mention the differential diagnosis for such case ?

Diphtheria ,Vincent's angina ,infectious mononucleosis, agranulocytosis and leukemia

4-what are the complications predicted ?

-Locally :Suppuration of tonsils or in the pharyngeal spaces causing abscesses formation ,Acute otitis media And laryngeal edema

-systemically :scarlet fever ,Acute rheumatic fever or septicemia

Case 3 :

This patient was of 15 years old who was complaining of fever ,sore throat , Malaise

The investigations show that he has enlarged tonsils

,hepatosplenomegaly

Lymphadenopathy & atypical lymphocytes in peripheral blood



1-What is your diagnosis ?

Acute tonsillitis

2-mention the causative organisms ?

-viral :by adenovirus

-bacterial :Mainly by GABHS or by pneumococci ,H.influenzae & staphylococci



Case 4 :

this patient was complaining of **persistent** sore throat for more than 3 months

1-What is your diagnosis ?

Chronic tonsillitis

2-what is the etiology ?

It is of polymicrobial etiology ;mixed aerobic and non-aerobic bacterial infection or penicillin resistant GABHS

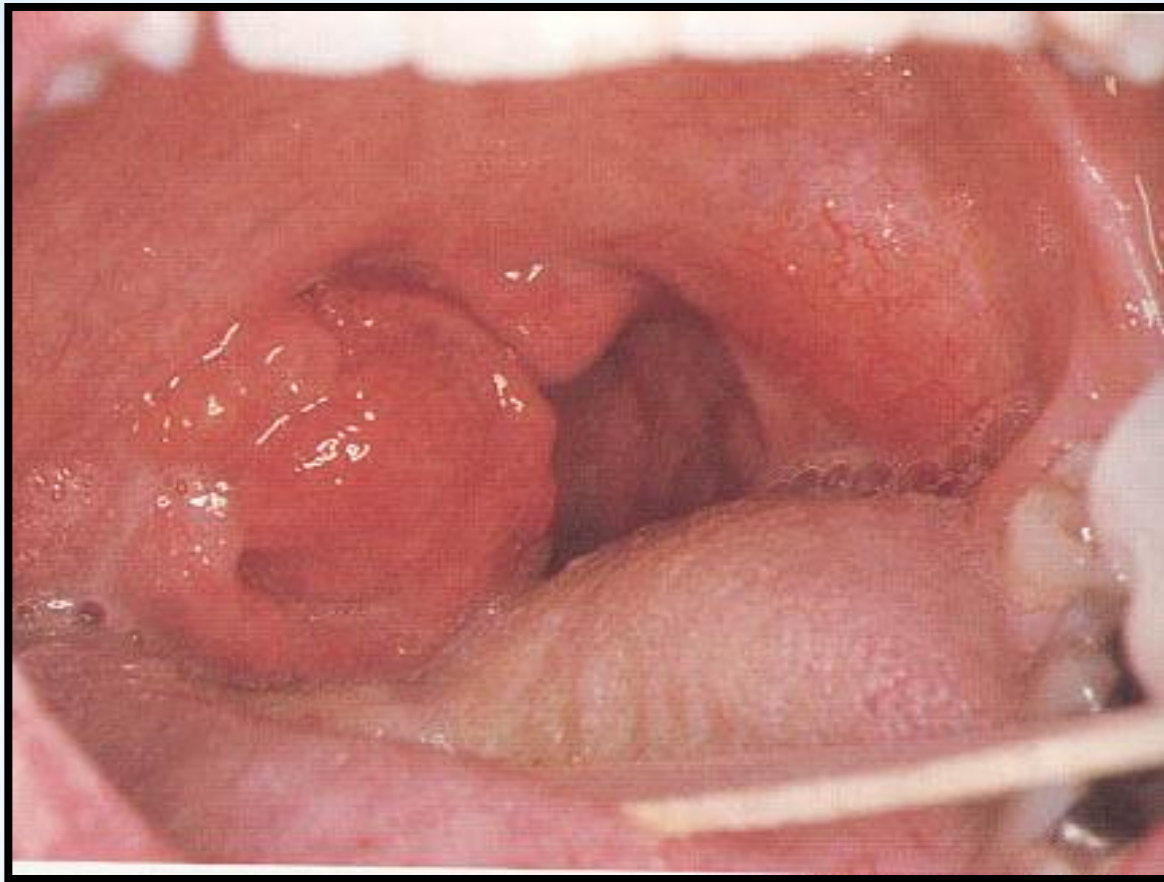
3-what are the symptoms ?

- chronic sore throat
- halitosis (malodorous breath)
- fatigue

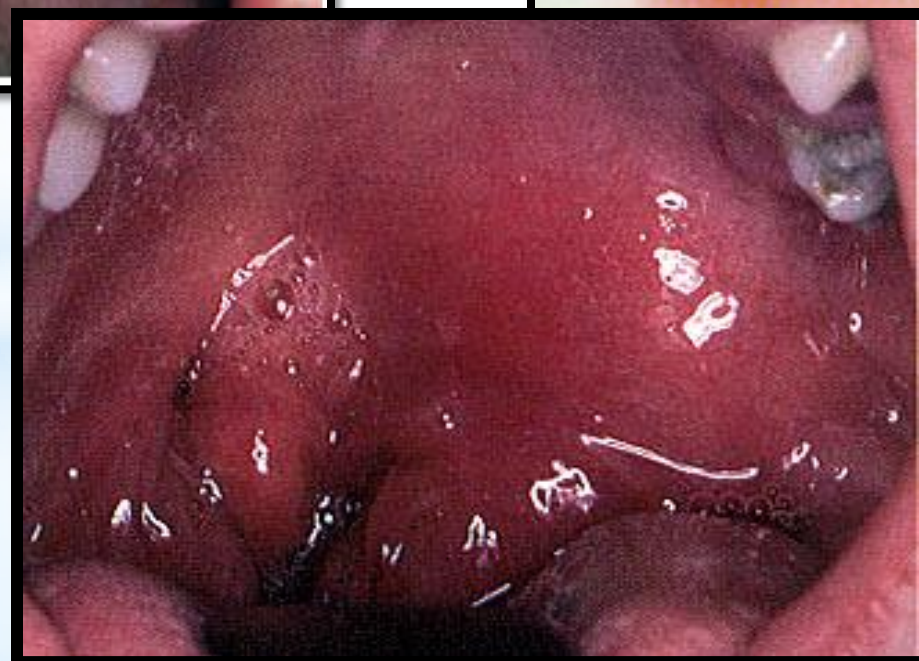
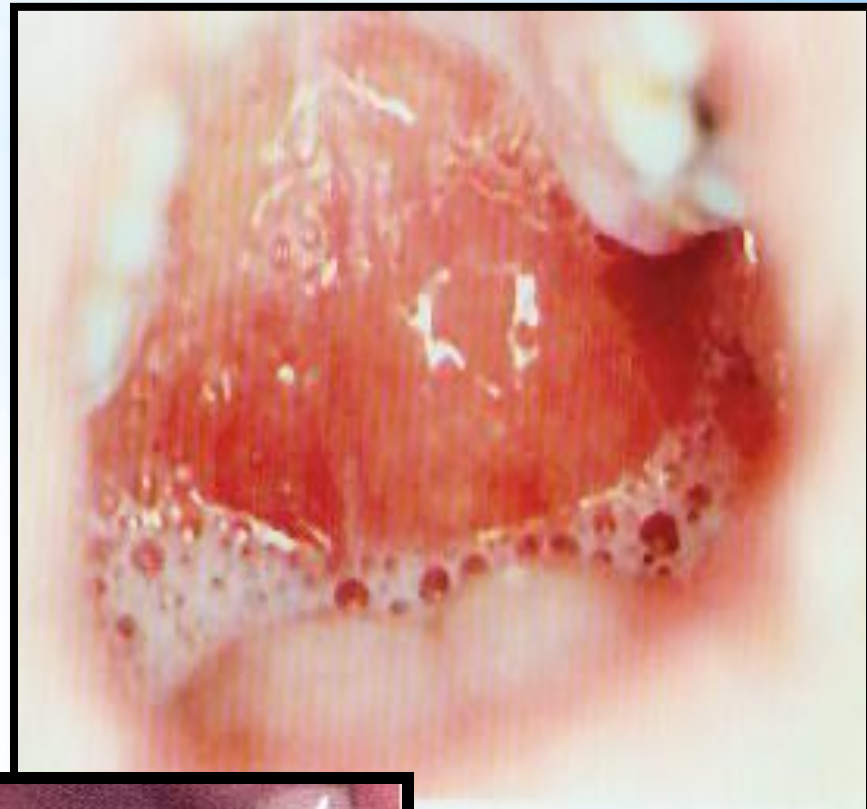
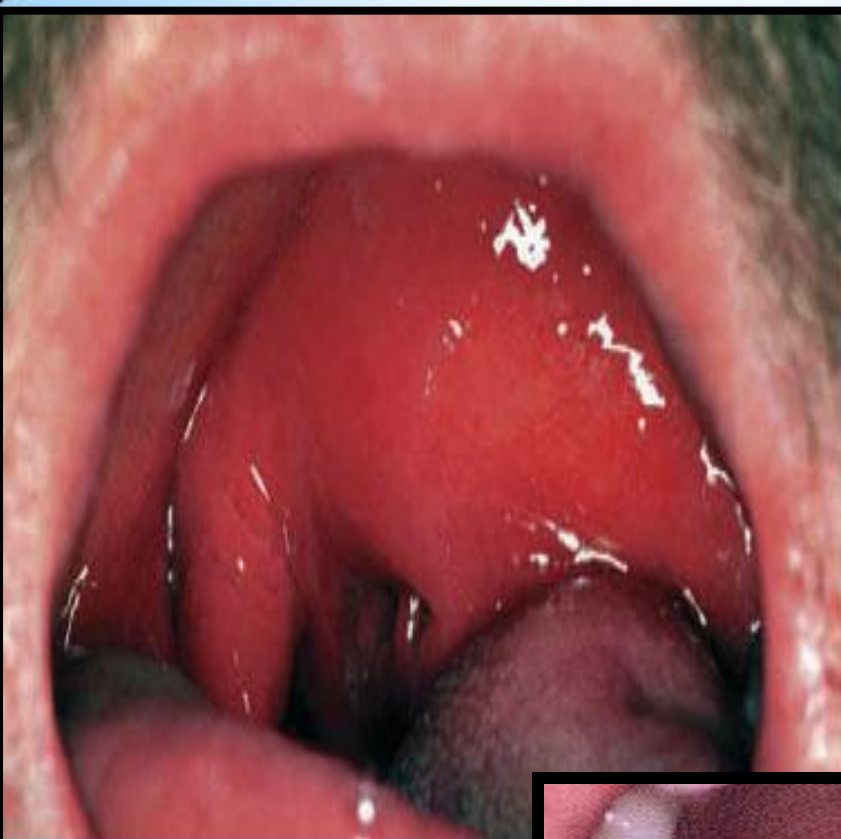
4-how to treat this case ?

Tonsillectomy if the symptoms are severe

- long acting penicillin may be given if surgery is refused or contraindicated



Unilateral tonsillar mass *



Case 5:

Adult male patient was complaining of high fever ,malaise ,headache ,
severe sore throat with otalgia

Severe dysphagia that he can't swallow his own saliva

Difficulty in opening the mouth (trismus)

,painful swelling under the jaw & halitosis

When he was examined ,,there were :

- Coated tongue & accumulated saliva ,swelling of soft palate

- The adjacent tonsil was pushed downward & medially ,the uvula was edematous
And pushed to the other side

- presence of yellowish are over the swelling

- Enlarged tender jugulo-digastric lymph nodes

1-What is your diagnosis ?

Peritonsillar abscess

2-what are the causative organism ?

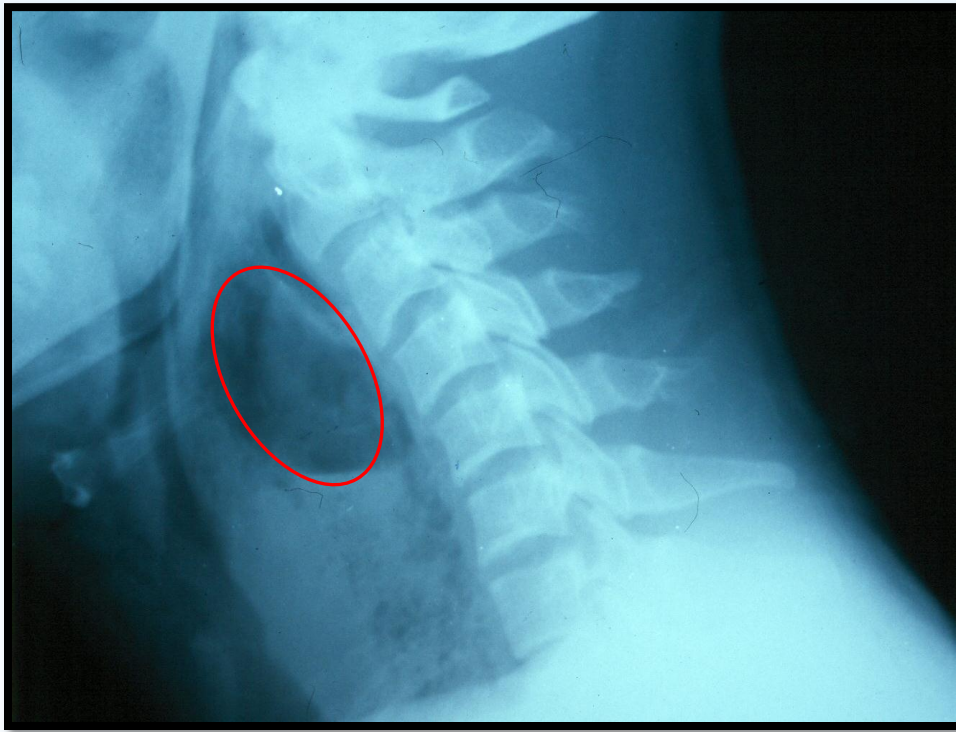
Usually streptococcus haemolyticus following an attack of acute tonsillitis

3-what are the complications ?

- *sudden rupture of the abscess with inhalation of pus leading to chest complications
- *Extension laterally causing Para pharyngeal abscess leading to laryngeal edema & stridor
- *IJV thrombophlebitis
- *pyemia & septicemia

4-how to treat this case ?

- incision and drainage intraoral under local anesthesia using Hilton's method
- general antibiotics
- tonsillectomy one month later after all acute manifestations subside



Case 6 :

- *This patient was complaining of fever ,malaise and pallor, Dysphagia and stridor
- *on examination : he has neck rigidity with tilting of the head toward the uninvolved side ,swelling of the posterior pharyngeal wall and enlarged tender cervical glands
- *His neck radiograph revealed :
 - abnormal thickening of the prevertebral soft tissue
 - reversal of normal convex cervical spine curvature
 - air in the prevertebral soft tissue

1-What is your diagnosis ?

Retropharyngeal abscess

3-what are the complications ?

- *sudden rupture of the abscess causing sudden death from aspiration
- * laryngeal edema & stridor
- *spread of infection to mediastinum

4-how to treat this case ?

If acute abscess (on each side):

- systemic antibiotics ,analgesics
- incision and drainage : vertical incision perorally WITHOUT anesthesia esp. in infants in a head low position while using suction to avoid aspiration
- tracheostomy (in case of airway compromise)

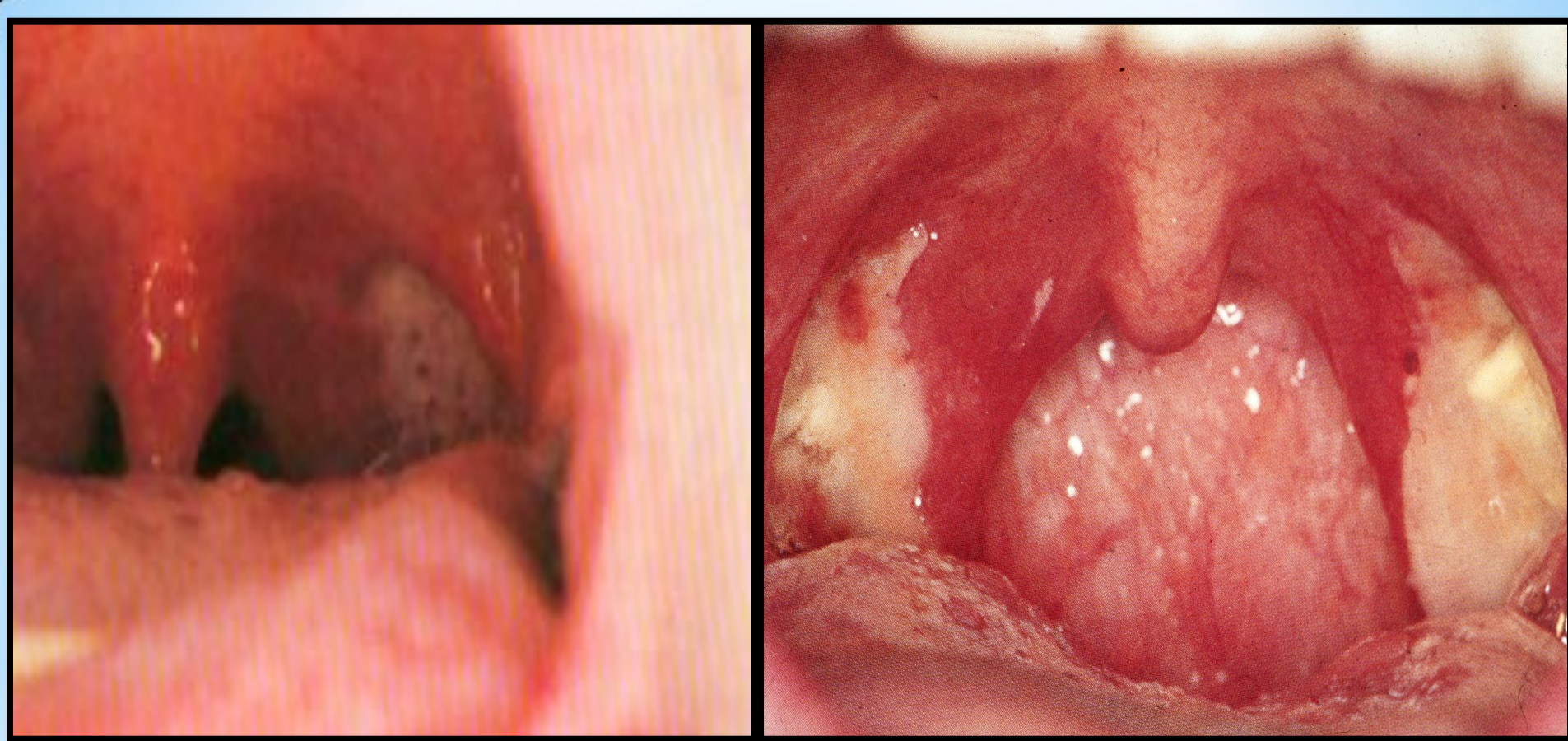
If chronic abscess (on middle line of post. Pharyngeal wall) :

-general :

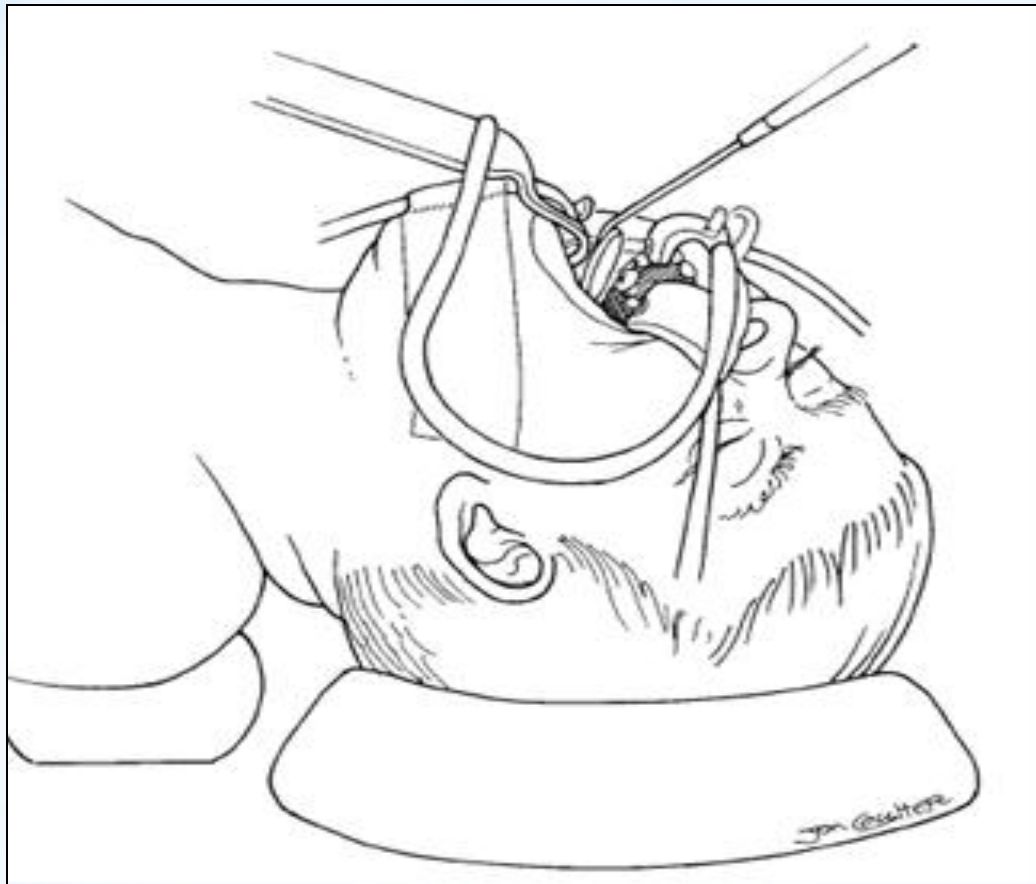
- >>full anti-tuberculous drug therapy
- >>rest and good nutritious diet rich in proteins & calcium

-local :

- >>incision & drainage EXTERNALLY never per-orally along the post. Border of sternomastoid ms UNDER general anesthesia
- >>stabilization of the spine in cases of spinal caries.



Post tonsillectomy tonsillar bed



Position for Adeno-tonsillectomy

تم بحمد الله



اللهم اغفر لى ولوالدى وللمؤمنين يوم يقوم الحساب